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CONFIRMATION NO. 5728

<b>SERIAL NUMBER</b> 10/664,432	<b>FILING OR 371(c) DATE</b> 09/19/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 00-12D1
<b>APPLICANTS</b> Charles E. Hart, Woodinville, WA; Debra G. Gilbertson, Seattle, WA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/823,033 03/29/2001 PAT 6,663,870 which is a CIP of 09/457,066 12/07/1999 PAT 6,432,673 and claims benefit of 60/193,723 03/31/2000 and said 09/457,066 12/07/1999 claims benefit of 60/111,173 12/07/1998 and claims benefit of 60/142,576 07/06/1999 and claims benefit of 60/161,653 10/21/1999 and claims benefit of 60/165,255 11/12/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/18/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 18
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 10117				
<b>TITLE</b> METHODS FOR PROMOTING GROWTH OF BONE, LIGAMENT, AND CARTILAGE				
<b>FILING FEE RECEIVED</b> 675	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	